Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3,

Date:	<u>09/17/2010</u>	Address:	1600 Block Meridian Rd	
Case #:	34F36648		Jasper, IN	
County:	<u>Dubois</u>			
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)		
Operati Chemic Dumpsi	al/Glassware/Equipment (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:	
(check all to	nd: Location (bedroom, kitchen, open af nat apply) n/Ammonia Reaction(s): Outside osphorous/lodine Reaction(s): able Solvents: RV Reactive Metal (Lithium): Outside ous Ammonia: Outside hloric Acid Gas Generator(s): ve Acid: ve Base: tem and location):	<u>r, etc)</u>		
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agencies		☐ Ephedrin ☐ Retail/Ma ☑ Other: <u>C</u> ri	Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:Criminal Investigation that serve the location:	
Health Dep Child Prote	ment: <u>Jasper</u> artment: <u>Dubois County</u> etion Service: <u>CPS</u>	Fax: Fax: Fax:	-	
For further information regarding this methamphotamine laboratory, contact investigating Officer: <u>David Qualkenbush</u> Phone <u>812-482-1441</u>				

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.